

Heidi L. Kroll

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

PLEASE PRINT

I. Name of Lobbyist(s):	Heidi L. Kroll; Paul A. Worsowic	NEW HAMPSHIDE DEPARTMENT OF STATE
II. Name of Lobbyist's part	nership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN	
	214 North Main Street, Con	
603-228-1181	603-226-3477	
(Telephone)	(Fax)	(Email)
	(Choose one – file separate reports for ions which are not attributable to any	each client, OR you may file a separate report for one client.)
X All reportable transact	tions occurring in the month prior to the	reporting date relative to the following client.
	AMERICA'S HEALTH INSUR	ANCE PLANS (AHIP)
(Fu	Il Name of Client as it appears on the Lo	
All reportable transac unrelated to any partic		rist's family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017 □	July 26, 2017 🗵
-	from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
	October 25, 2017	January 24, 2018 □
	ty from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
V. There have been no fees If this box is checked, comple Concord, NH 03301.	received and no reportable transaction te just this form and submit it to the Secr	ns made since the last report. The retary of State's Office, State House, Room 204,
VI. Check if additional rep	oorts are attached:	
X If you have received i	fees or made expenditures, you must file	Addendum A – Fees and Expenses
If you have paid an ho Expense Reimbursem	ent	nust file Addendum B – Report of Honorariums or
If you, your firm, or y	our family has made political contribution	ons, you must file Addendum C – Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- to the best of my knowledge at	B and RSA 664 and hereby swear or affi	irm that the foregoing information is true and complete
Hili 1 Moly		7 18 17 (Date)
(Signature of Lobbyist)		(Date)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Heidi L. Kroll; Paul A. Worsowicz							
II. Name of lobbyist'	s partnership, firm or corporation, if any:							
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.						
	(Name of partnership, firm or corporation)							
III. Name of Client	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date	July 26, 20	17				
lobbying, including fee	unt of all fees received from the client identified above tes for services such as public advocacy, government relaintoring legislation, and related legal work. The gross f	itions, or	public relation	ns services,				
a) Total of all fees rec	eived in this reporting period		a) \$	20,171.25				
	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$	3,916.66				
c) Total of all fees rec (Add lines a and b)	eived to date.		c) \$	24,087.91				
d) Indicate the amoun yet been paid.	t of any such fees that are due, but have not		d) \$.00				
fees. Separate reports lobbyist(s)/firm that a are to be reported in reporting period for sexpenses where the exthe cost was \$25.00 o purchase of a ceremon statement of each indicovered by (a) (for exgiven to the subject of legislative reception).	partnerships, firms, or corporations are required to researe to be filed for expenditures made relative to each clare unrelated to any one client a separate report may be one of three categories of expenses: (a) the aggregatal salaries, benefits, support staff, and office expenses; (a) the aggregatal salaries, benefits, support staff, and office expenses; (a) the aggregatal salaries, benefits, support staff, and office expenses; (a) the aggregatal salaries, purchase of a pen with a value of less than \$10 the salaries of a pen with a value of less than \$10 the salaries of given to a person being lobbied with a value vidual expenditure made during this reporting period of sample: purchase of a meal with value of greater than \$25 of lobbying with a value greater than \$25, but not greater than \$25 of lobbying with a value greater than \$25 of lobbying with a valu	filed and filed for the total of the agurchased hat is give of \$25.0 greater than	if expenditure the lobbyist(sof all expense ggregate total during a buse en to the person 00 or less); as than \$25.00 for ase of a cerent \$50, restaura	es are made by the sylfirm. Expenses as paid during the of all individual iness lunch where son being lobbied and (c) an itemized or any purpose no nonial object to be out expenses for a				
a) Total aggregate av		a) :	\$					
support staff, and office	penses for this reporting period for salaries, benefits, be expenses, related directly or indirectly to lobbying. expenditures during this reporting period, not reported	b)		.00				

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	12,102.75
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	12,102.75
f) Total of all expenses year to date.	f) \$	24,205.50
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbyi period, including by whom paid or to whom charged.	ng fees during this	reporting
Paid to:	Amo	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that is true and complete to the best of my knowledge and belief.	t the foregoing in	formation
(Signature of lobbyist)	7 18 17 (Date)	
Heidi L. Kroll (Print Name of Lobbyist)		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:						
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.						
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): _America's Health Insurance Plans (AHIP)						
Date of Report (check o	one):					
April 26, 2017 □	July 26, 2017 🔀	October 25, 2017 □	January 24, 2018 □			
		tatement of Income and Exment (insert the number of	spenses described above, and the Addendum forms being			
1 Addendum A(s).						
0 Addendum B(s).						
0 Addendum C(s).						
•	n that the foregoing inform my knowledge and belief		nd each Addendum is true and			
(Signature of Lobbyist	Jorson ig		7-44-17 (Date)			
Paul A. Worsowicz	ot)					
(Print Name of lobbyi	S(<i>)</i>					